



Member Application Form

Date _____

Name _____ Birthday _____ M/F

Name _____ Birthday _____ M/F

Children _____ Birthday _____ M/F

_____ Birthday _____ M/F

_____ Birthday _____ M/F

_____ Birthday _____ M/F

Address: _____
STREET CITY STATE ZIP CODE

Cell Phone number: _____

Home Phone number: _____

Email Address: _____

Previous Church Membership: _____

I meet the following qualifications for membership as listed in the CCF Constitution and By-Laws:

ARTICLE V. MEMBERSHIP

Section 1. Eligibility

A. Membership

Active voting membership in this fellowship shall be open to all those who possess the following qualifications:

- A testimony to an experience of the "new birth."
- Evidence of a consistent Christian life (Romans 6:4; 8:1-4; 13:13, 14; Ephesians 4:17-32; 5:1, 2, 15; 1 John 1:6, 7).
- An indication of a willingness to contribute regularly to the financial support of the church of which he or she is to become a member.
- Having reached at least 18 years of age.
- Having regularly attended services of, and supported, this fellowship for a period of at least six consecutive months prior to the date of application for membership.
- Agreement to being governed by the bylaws of this fellowship.

Signed _____